

JENNINGS COUNTY HEALTH DEPARTMENT
200 EAST BROWN STREET
P.O. BOX 323
VERNON, INDIANA 47282
812-352-3024
FAX: 812-352-3030

APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE

FOR OFFICE USE ONLY:

LICENSE NUMBER:_____ LICENSE FEE:_____

ESTABLISHMENT_____ PHONE_____

STREET ADDRESS_____ CITY_____

STATE_____ ZIP CODE_____ FAX_____

MAILING ADDRESS_____ CITY_____

STATE_____ ZIP CODE_____

OWNERS NAME_____ PHONE_____

MAILING ADDRESS_____ CITY_____

STATE_____ ZIP CODE_____ EMAIL_____

PLEASE CHECK ONE OF THE FOLLOWING:

TYPE OF BUSINESS: FULL SERVICE RESTAURANT ()
 RETAIL GROCERY ()
 CONVENIENT STORE ()
 TAVERN PREPARING FOOD ()
 CATERING SERVICE ()
 NON FOR PROFIT ORGANIZATION ()
 OTHER ()

DAYS OPENED: SUNDAY () MONDAY () TUESDAY () WEDNESDAY ()
 THURSDAY () FRIDAY () SATURDAY ()

DAYS CLOSED:_____

HOURS OPENED:_____

OVER

NAME OF CERTIFIED FOOD HANDLER: _____

FOOD TO BE SERVED:

REMI NDER

PLEASE KEEP IN MIND THAT YOUR RETAIL FOOD ESTABLISHMENT LICENSE EXPIRES DECEMBER 31ST OF EACH YEAR. THEREFORE YOUR LICENSE NEEDS TO BE RENEWED BEFORE JANUARY 1ST OF THE FOLLOWING YEAR. A FEE MAY ACCUMULATE IF PERMIT IS NOT RENEWED IN A TIMELY MANNER. THIS PERMIT IS NOT TRANSFERABLE TO ANOTHER PERSON OR LOCATION. PLEASE SUBMIT THIS APPLICATION AND THE EMPLOYEE VERIFICATION FORM, WITH CHECK, CASH, OR MONEY ORDER PAYABLE TO THE: JENNINGS COUNTY HEALTH DEPARTMENT.

FEE: 1-5 EMPLOYEES \$80.00

6-10 EMPLOYEES \$160.00

11 AND OVER EMPLOYEES \$240.00

SIGNATURE_____

TITLE_____

DATE_____

AS OF NOVEMBER 1, 2005 EACH FOOD ESTABLISHMENT MUST HAVE ACCESS TO THE NEW INDIANA CODE BOOK, 410 IAC 7-24. PLEASE CHECK WHICH APPLIES TO YOUR ESTABLISHMENT:

☐ COPY OF CODE BOOK

☐ INTERNET ACCESS AT LICENSED FACILITY AT ALL TIMES